

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 18798
Application ID: 10065375
Title of Invention: SIGNAL SWITCH FOR CONSOLE
AND PERIPHERAL DEVICES
First Named Inventor: Tony LOU
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-10-10
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 13902-1
Digital Certificate Holder: cn=Robert Rose, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: eDn2GkckCYwaqqgkwstDIA==
Total Fees Authorized: \$740.0
Payment Category: DA - Deposit Account
Deposit Account Number: 192090
Deposit Account Name: Robert J. Rose



TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent
Filing

Attorney Docket
Number:

13902-
1



SIGNAL SWITCH FOR CONSOLE AND PERIPHERAL DEVICES

First Named Inventor: Tony LOU

SUBMITTED BY

Name:	Robert J. ROSE
Registration Number:	47,037
Electronic Signature	Date Signed: 20021010
Mark: /robertjrose/	

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	Declaration_1.tif
declaration	Declaration_2.tif
declaration	Declaration_3.tif
bibd-transmittal	13902-1apds.xml

specification
fee-transmittal

Specification.xml
13902-1 fee.xml

Attached Image File(s):

Declaration_1.tif

Declaration_2.tif

Declaration_3.tif

Comments:

declaration_1 (2560x3235x2 tiff)

PTO/GB/01 (10-01)
Approved for use through 10/31/2002, OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(a)))	Attorney Docket Number	13902-1
	First Named Inventor	LOU, Tony
	COMPLETE IF KNOWN	
	Application Number	To Be / Assigned
	Filing Date	
	Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Signal Switch for Console and Peripheral Devices

the specification of which (Title of the invention)

☒ is attached hereto
OR
☐ was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 395 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/GB/02B attached hereto.

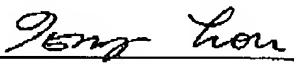
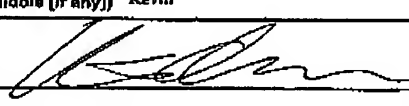
[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

declaration_2 (2560x3233x2 tiff)

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control

DECLARATION — Utility or Design Patent Application


Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 23676 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone		Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Tony		Family Name or Surname LOU	
Inventor's Signature 		Date 10-07-02	
Residence: City Shijr City	State Taipei	Country TAIWAN	Citizenship TAIWAN, R.O.C.
Mailing Address 3F, #125, Sec. 2, Datong Rd.			
City Shijr City	State Taipei	ZIP 10428	Country TAIWAN, R.O.C.
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Kevin		Family Name or Surname CHEN	
Inventor's Signature 		Date 10.7.02	
Residence: City Shijr City	State Taipei	Country Taiwan	Citizenship TAIWAN, R.O.C.
Mailing Address 3F, #125, Sec. 2, Datong Rd.			
City Shijr City	State Taipei	ZIP 10428	Country TAIWAN, R.O.C.
<input checked="" type="checkbox"/> Additional inventors are being named on <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

(Page 2 of 2)

declaration_3 (2560x3234x2 tiff)

Please type a plus sign (+) inside this box: ☐PTO/S&P/24 (11-00)
Approved for use through 10/31/2002. Only 0051-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname			
YANG		Sampson			
Inventor's Signature				Date 10-2-02	
Residence: City	Irvine	State	CA	Country	United States
Mailing Address		23 Hubble Drive			
Mailing Address					
City	Irvine	State	CA	ZIP	92618
		Country		United States	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		ZIP	
		Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		ZIP	
		Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 740

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 19-2090
Deposit Account Name: Sheldon & Mak



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Robert J. Rose
Electronic Signature Mark: /robertjrose/
Date Signed: 20021010

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 7	103	\$ 18	0	\$ 0
Independent Claims: 3	102	\$ 84	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0